

10/30/23, 9:54 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L 23000137137

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To: Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SHINE GROUP LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
SHINE GROUP LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/17/2023 and assigned
Florida document number L23000137137

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3920 N 56TH AVE, APT 105

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD FL, 33021

Enter new mailing address, if applicable:

3920 N 56TH AVE, APT 105

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD FL, 33021

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

3920 N 56TH AVE, APT 105

Enter Florida street address

HOLLYWOOD

Florida 33021

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MORENO GALINDO, FABIAN	3920 N 56TH AVE, APT 105	☐ Add
		HOLLYWOOD FL, 33021	☐ Remove
			☐ Change
AMBR	ORTEGA RODRIGUEZ, ANGIE T	3920 N 56TH AVE, APT 105	☐ Add
		HOLLYWOOD FL, 33021	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

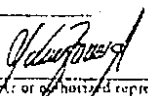
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to §02-9207 (2)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (a) The 90th day after the record is filed.

Dated OCTOBER 13TH 2023



Signature of a member or authorized representative of a member

FABIAN MORENO GALINDO

Typed or printed name of signer

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